



AP
3629

PATENT
450100-03085

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Eiji KAWAI
Serial No. : 09/819,210
For : SALES ACTIVITY MANAGEMENT SYSTEM,
SALES ACTIVITY MANAGEMENT
APPARATUS, AND SALES ACTIVITY
MANAGEMENT METHOD
Filed : March 28, 2001
Examiner : Vig, Naresh
Art Unit : 3629

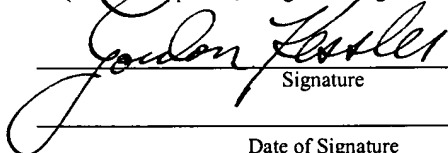
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GROUP 3600

745 Fifth Avenue
New York, NY 10151

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Gordon Kessler, Reg. No. 38,511

(Name of Applicant, Assignee or Registered Representative)


Signature
Date of Signature

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Final Office Action dated March 11, 2004, please amend this application as follows.



PATENT
45100-03085

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Eiji KAWAI
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For : SALES ACTIVITY MANAGEMENT SYSTEM, SALES ACTIVITY
MANAGEMENT APPARATUS, AND SALES ACTIVITY
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745 Fifth Avenue
New York, NY 10151

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	28	Minus	** =28	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	*** =4	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of a petition for a extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 5, 2004.

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature
May 5, 2004
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: Gordon Kessler
Gordon Kessler
Reg. No. 38,511
Tel: 212-588-0800

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